**Post-Certification Revisit Report**

JUN 23, 2010

Department of Health and Human Services  
Centers for Medicare & Medicaid Services

<table>
<thead>
<tr>
<th>Provider / Supplier / CLIA / Identification Number</th>
<th>Multiple Construction</th>
<th>Date of Revisit</th>
</tr>
</thead>
<tbody>
<tr>
<td>445342</td>
<td>A. Building 01 - MAIN BUILDING 01</td>
<td>6/25/2010</td>
</tr>
</tbody>
</table>

Name of Facility: WESTMORELAND CARE & REHAB CTR  
Street Address, City, State, Zip Code: 1559 NEW HIGHWAY 52, WESTMORELAND, TN 37186

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

<table>
<thead>
<tr>
<th>Item</th>
<th>ID Prefix</th>
<th>Reg. #</th>
<th>LSC</th>
<th>Date</th>
<th>Item</th>
<th>ID Prefix</th>
<th>Reg. #</th>
<th>LSC</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>ID Prefix</td>
<td>Corrected</td>
<td>03/16/2010</td>
<td>NFPA 101</td>
<td>K0018</td>
<td>ID Prefix</td>
<td>Corrected</td>
<td>03/08/2010</td>
<td>NFPA 101</td>
<td>K0022</td>
</tr>
<tr>
<td>LSC</td>
<td>Corrected</td>
<td>Completed</td>
<td>I</td>
<td>Corrected</td>
<td>Completed</td>
<td>ID Prefix</td>
<td>I</td>
<td>Corrected</td>
<td>Completed</td>
</tr>
<tr>
<td>ID Prefix</td>
<td>Corrected</td>
<td>03/12/2010</td>
<td>NFPA 101</td>
<td>K0147</td>
<td>ID Prefix</td>
<td>Corrected</td>
<td>03/12/2010</td>
<td>NFPA 101</td>
<td>K0147</td>
</tr>
</tbody>
</table>

Reviewed By:  
Reviewed By:  
Date:  
Signature of Surveyor:  
Date:  
Signature of Surveyor:  
Date:  

Followup to Survey Completed on: 3/8/2010  
Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) sent to the Facility? YES NO

Form CMS - 2567B (9-92)  
Page 1 of 1  
Event ID: TPBJ22